



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

CREDENTIALING AND PRIVILEGING

Effective Date: August 22, 2006

Policy #: MS-01

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I. PURPOSE: To define hospital policy and procedures for credentialing and privileging of physicians and dentists.

II. POLICY:

- A. The policy of this hospital is to ensure that all practitioners are properly credentialed and each medical staff member is authorized to perform only those diagnostic and/or therapeutic procedures which they are considered competent to perform. Provisions of this policy will apply to all physicians and dentists. Each practitioner will have a credentialing and privileging binder established and maintained in accordance with this policy.
- B. Clinical privileges shall be granted to each licensed practitioner as permitted by law and the facility to practice independently, to provide medical or other patient care services within the scope of the individual's training, experience, demonstrated current competence, judgment, character, and capability. The delineation of clinical privileges does not, however, relieve physicians or dentists of their responsibility to act in the case of an emergency to save lives and/or to relieve suffering.

III. DEFINITIONS:

- A. Medical Staff shall be divided and referred to as active, part time, provisional, consulting, and allied physicians and dentists.
- B. Credentialing is the systematic process of reviewing the qualifications and the health status of applicants for appointment to ensure they possess the education, training, experience and skill to fulfill the requirements of the position.
- C. Clinical privileging is defined as the process by which a practitioner is granted permission by the facility to provide the psychiatric, medical, or other patient care services, within well defined limits, based on an individual's clinical competence as determined by peer review, training, licensure, and registration. The delineation of clinical privileges is specialty specific and is also based on availability of this facility's resources by which to support delineated clinical privileges. Clinical privileges are granted for a period not to exceed 2 years.
- D. Re-privileging is the review and submission of clinical privileges after initial appointment at biannual intervals to assure that practice limits have not changed and that when conditions change, clinical privileges reflect those changes.

- E. Reappointment is the biannual process of re-evaluating the professional credentials, clinical competence and health status of providers who hold clinical privileges within the facility.

IV. RESPONSIBILITIES:

- A. Hospital Administrator is ultimately responsible for the Credentialing and Privileging program. Serves as the approving official in the employment of physicians and dentists within delegated authority prescribed by the Governing Body. Ensures the facility complies with all regulations, the American Medical Association (AMA) Physician Profile processes, and ensures that the proficiency rating of the Medical Director addresses appropriate credentialing and privileging responsibilities.
- B. Medical Director has the responsibility, in conjunction with the Medical Staff, for review of credentials, professional competence and health status of all applicants for appointment and reappointment and will assure that all practitioners applying for clinical privileges are provided with a copy of and agree to abide by the Medical Staff Bylaws, Rules and Regulations and MSH Policy and Procedures.
- C. Administrative Assistant for Clinical Services provides oversight and direction to the operation, and is responsible for monitoring the Credentialing and Privileging program for compliance with State Law and the state licensing standards.
1. The Medical Director delegates to the Administrative Assistant for Clinical Services responsibility for maintaining credentialing and privileging binders. The Administrative Assistant for Clinical Services implements and maintains the clinic specific database for the Credentialing and Privileging program and the compiling of data necessary to meet the standards set forth of the credentialing and privileging process, and is responsible for assuring completeness prior to appointment/reappointment.
- D. Medical Director will initiate appropriate requests for credentialing and for determining appropriate delineation of clinical privileges for the medical staff members they supervise. Will review all credentialing information submitted by an applicant. Is responsible to define the process by which levels or categories of privileges are determined for approval by the Credentialing and Privileging Committee of the Medical Staff. The exercise of clinical privileges will be subject to the policies and procedures of MSH and the authority of the applicant's supervisor.
- E. Applicants must provide evidence of licensure, registration, certification, and/or other relevant credentials, for verification prior to appointment and throughout the employment process, as requested. Applicants must agree to accept the professional obligations delineated in the Medical Staff Bylaws, Rules and Regulations provided to them. They are responsible for keeping the hospital

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Applicants will complete and submit to the Administrative Assistant for Clinical Services, credentialing and privileging or re-credentialing packets in a timely manner, consistent with the needs of the hospital.

- F. Credentialing and Privileging Committee of the Medical Staff will review the credentials and privileges of each applicant and submit a recommendation to the Hospital Administrator to approve or disapprove the applicant's request.
- G. Director, Human Resources Service acts as technical advisor to the Executive Committee of the Medical Staff as needed and will review all documents for adherence to legal and regulatory requirements and will forward to the Hospital Administrator for signature.
- V. **PROCEDURE:** Credentialing and Privileging procedures are outlined in MSH Medical Staff Bylaws Rules and Regulations.
- VI. **REFERENCES:** CMS Tag A062, 482.22 (a) (2); MSH Medical Staff Bylaws Rules and Regulations.
- VII. **COLLABORATED WITH:** Hospital Administrator, Medical Staff, Medical Director and Director of Human Resources.
- VIII. **RESCISSIONS:** #MS-01, *Credentialing and Privileging* dated September 1, 2003; Policy # HR-04-99-N, *Credentialing and Privileging* dated July 15, 1999.
- IX. **DISTRIBUTION:** All hospital policy manuals
- X. **REVIEW AND REISSUE DATE:** August 2009
- XI. **FOLLOW-UP RESPONSIBILITY:** Administrative Assistant for Clinical Services
- XII. **ATTACHMENTS:** None

Ed Amberg _____ / ____ / ____
Hospital Administrator Date

_____/_____/_____
Thomas Gray, MD Date
Medical Director